
MILITARY SERVICE DATES _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL
GUARD RESERVES _____

HAVE YOU EVER BEEN CHARGED WITH A FELONY/MISDEMEANOR (CIVILIAN/MILITARY) YES / NO

IF YES, EXPLAIN: _____

WHAT WAS THE OUTCOME _____

ACTIVITIES (CIVIC, ATHLETIC, FRATERNAL, ETC.)-USE SEPARATE PAGE IF NECESSARY & ATTACH TO THIS FORM

EXCLUDE THE NAME OR CHARACTER OF ORGANIZATIONS WHICH MIGHT INDICATE THE RACE, CREED, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS (LIST BELOW FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

MONTH/YEAR NAME & ADDRESS SALARY POSITION REASON FOR LEAVING

1.FROM _____ TO _____

2.FROM _____ TO _____

3.FROM _____ TO _____

4.FROM _____ TO _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME & OCCUPATION	ADDRESS	PHONE NO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

FEEL FREE TO ATTACH ANY ADDED INFORMATION THAT YOU FEEL IS IMPORTANT FOR DETERMINING YOUR EMPLOYMENT.

IN CASE OF AN EMERGENCY NOTIFY _____

NAME	ADDRESS	PHONE NO
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THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN EMPLOYMENT WITH US. WE WOULD LIKE TO ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH HANCOCK COUNTY WILL BE BASED ON YOUR MERIT AND NO OTHER CONSIDERATION.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION & AGREEMENT

AS PART OF OUR NORMAL PROCEDURE IN PROCESSING APPLICATIONS, A ROUTINE INQUIRY WILL BE MADE CONCERNING YOUR BACKGROUND. FORMER EMPLOYERS, SCHOOL RECORD OFFICES AND PERSONAL, SCHOOL AND EMPLOYMENT REFERENCES MAY BE CONTACTED TO VERIFY AND OBTAIN INFORMATION CONCERNING YOUR BACKGROUND, QUALIFICATIONS WILL BE USED TO HELP MAKE A FAIR EMPLOYMENT DECISION. THIS INFORMATION WILL ONLY BE AVAILABLE TO THOSE PARTICIPATING IN THIS DECISION OR THOSE WHO PROCESS EMPLOYMENT APPLICATIONS. AS PART OF THIS INVESTIGATION, A CHECK OF CRIMINAL RECORDS, MOTOR VEHICLE RECORDS AND FINANCIAL CREDIT WILL ALSO BE CONDUCTED.

I HEREBY AUTHORIZE THE EMPLOYER, ITS REPRESENTATIVES, EMPLOYEES OR AGENTS TO CONDUCT ALL PRE-EMPLOYMENT INQUIRIES AND TESTS AS DESCRIBED. I FURTHER AUTHORIZE THE EMPLOYER AND ITS AGES TO VERIFY ALL STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER MATERIALS I SUBMIT IN CONNECTION WITH MY EMPLOYMENT APPLICATION. I AGREE TO COMPLETE ANY REQUISITE AUTHORIZATION FORMS. I RELEASE THE EMPLOYER, ITS AGENTS AND ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY ARISING OUT OF THE GATHERING AND USE OF SUCH INFORMATION. IN THE EVENT OF EMPLOYMENT, THIS AUTHORIZATION AND RELEASE IS VALID THROUGHOUT MY EMPLOYMENT AND A PHOTOCOPY IS AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND ALL OFFERS OF EMPLOYMENT ARE CONDITIONAL UPON SATISFACTORY REFERENCE CHECKS, SUCCESSFUL COMPLETION OF ALL PRE-EMPLOYMENT TESTS AND PRODUCTION OF ALL DOCUMENTS NECESSARY FOR THE EMPLOYER TO VERIFY MY IDENTITY AND WORK AUTHORIZATION IN ACCORDANCE WITH THE REQUIREMENTS OF THE IMMIGRATION AND NATURALIZATION SERVICES.

I UNDERSTAND HANCOCK COUNTY IS A DRUG FREE WORKPLACE. I UNDERSTAND THAT I MAY BE SUBJECT TO DRUG TESTING IN THE FUTURE, INCLUDING RANDOM TESTING, PURSUANT TO POLICIES OF HANCOCK COUNTY.

I HEREBY AGREE, ON REQUEST TO UNDERGO PHYSICAL EXAMINATION BY A PHYSICIAIAN DESIGNATED BY HANCOCK COUNTY AT THE COUNTY'S EXPENSE. I UNDERSTAND THAT ANY PHYSICAL OR MEDICAL EXAM WILL BE POST OFFER EMPLOYMENT. I ALSO AGREE TO UNDERGO FUTURE PHYSICAL EXAMINATIONS THAT THE COUNTY MAY REQUIRE FOR CONTINUED EMPLOYMENT.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF THIS APPLICATION BY THE EMPLOYER NEITHER EXPRESSES NOR IMPLIES I WILL BE OFFERED EMPLOYMENT. I UNDERSTAND MY EMPLOYMENT IS AT WILL AND I MAY RESIGN AT ANY TIME FOR ANY REASON; SIMILARLY, MY EMPLOYMENT MAY BE TERMINATED BY THE COUNTY AT ANY TIME FOR ANY REASON. ANY CHANGES TO THE AT-WILL EMPLOYMENT AGREEMENT WILL NOT BE VALID UNLESS IN WRITING SIGNED BY ME AND A DULY AUTHORIZED REPRESENTATIVE OF THIS EMPLOYING ORGANIZATION.

SIGNATURE OF APPLICANT _____ DATE _____